

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10645116  
APPLICANT(S) \_\_\_\_\_

FILING DATE 8-2-103

CLAIMS							
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
IND	DEP	IND	DEP	IND	DEP		
1	1					51	4
2	1					52	3
3	1					53	3
4	1					54	1
5	1					55	1
6	1					56	1
7	1					57	1
8	1					58	1
9	1					59	1
10	1					60	1
11	1					61	3
12	1					62	3
13	1					63	3
14	1					64	3
15	1					65	1
16	1					66	1
17	1					67	3
18	1					68	3
19	1					69	1
20	1					70	1
21	1					71	1
22	1					72	1
23	1					73	1
24	1					74	1
25	1					75	1
26	1					76	1
27	1					77	8
28	1					78	5
29	1					79	1
30	1					80	1
31	1					81	1
32	1					82	1
33	1					83	1
34	1					84	1
35	1					85	1
36	1					86	1
37	1					87	1
38	1					88	1
39	1					89	1
40	1					90	1
41	1					91	1
42	1					92	2
43	1					93	
44	1					94	
45	1					95	
46	1					96	
47	1					97	
48	1					98	
49	1					99	
50	1					100	
TOTAL IND.	1					TOTAL IND.	1
TOTAL DEP.	117					TOTAL DEP.	70
TOTAL CLAIMS	118					TOTAL CLAIMS	71